

POS-010

ATTORNEY OF PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

JOHN P. MCNICHOLAS III 33530
 MCNICHOLAS & MCNICHOLAS
 10866 WILSHIRE BLVD., SUITE 1400
 LOS ANGELES, CA 90024

TELEPHONE: (310) 474-1582

ATTORNEY FOR:

USDC - LOS ANGELES

STREET ADDRESS: per rule 2.150 (a) (8):

MAILING ADDRESS: the address of the court is not required

CITY AND ZIP CODE:

BRANCH NAME:

FOR COURT USE ONLY

Plaintiff JUNAN CHEN
 Defendant COUNTY OF SANTA BARBARA

CASE NUMBER:
 CV-15-1509-JFW (JEMX)
 Clt. Ref. or File No.:
 UCSB

PROOF OF SERVICE OF SUMMONS

(Separate proof of service is required for each party served.)

1. At the time of service I was at least 18 years of age and not a party to this action.

2. I served copies of:

SUMMONS IN A CIVIL ACTION; COMPLAINT; CIVIL COVER SHEET; NOTICE TO PARTIES
 OF COURT-DIRECTED ADR PROGRAM; CERTIFICATION AND NOTICE OF INTERESTED
 PARTIES; STANDING ORDER; NOTICE OF ASSIGNMENT TO UNITED STATES JUDGES

3. a. ☒ Party served
 COUNTY OF SANTA BARBARA

b. ☐ Person (other than the party in item 3a) served on behalf of an entity or as an authorized agent (and not
 a person under item 5b on whom substituted service was made) (specify name and relationship to the party
 named in item 3a):

CHELSEA LENZI, DEPUTY CLERK

4. Address where the party was served: 105 E. ANAPAMU STREET ROOM 407
 SANTA BARBARA CA 93101

5. I served the party (check proper box)

a. ☒ by personal service. I personally delivered the documents list in item 2 to the party or person authorized
 to receive service of process for the party (1) on (date): 03/12/15 (2) at (time): 3:00 pm.

(4) ☐ I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be
 served at the place where the copies were left (Code Civ. Proc., 415.20). I mailed the documents
 on (date): from (city): or ☐ a declaration of mailing is attached.

(5) ☐ I attach a declaration of diligence stating actions taken first to attempt personal service.

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c. ☐ by mail and acknowledgment of receipt of service, I mailed the documents listed in item 2 to the party, to the address shown in Item 4, by first-class mail, postage prepaid.

(1) on (date): (2) from (city):

(3) ☐ with two copies of the Notice and Acknowledgment of Receipt (form 982(a)(4) and a postage paid return envelope addressed to me. (Attach completed Notice and Acknowledgment of Receipt (form 982(a)(4).) (Code of Civ. Proc., 415.30).)

(4) ☐ to an address outside California with return receipt requested.
 (Code Civ. Proc., 415.40)

d. ☐ by other means specify means of service and authorizing code section):

6. The "Notice to the Person Served" (on the summons) was completed as follows:

a. ☐ as an individual defendant.

b. ☐ as the person sued under the fictitious name of (specify):

c. ☐ as occupant/tenant.

d. ☒ on behalf of:

COUNTY OF SANTA BARBARA

under the following Code of Civil Procedure section:

<input type="checkbox"/> CCP 416.10 (corporation)	<input type="checkbox"/> 416.60 (minor)
<input type="checkbox"/> 416.20 (defunct corporation)	<input type="checkbox"/> 416.70 (ward or conservatee)
<input type="checkbox"/> 416.30 (joint stock or company association)	<input type="checkbox"/> 416.90 (authorized person)
<input type="checkbox"/> 416.40 (association or partnership)	<input type="checkbox"/> 415.46 (occupant/tenant)
<input checked="" type="checkbox"/> 416.50 (public entity)	<input type="checkbox"/> other:
<input type="checkbox"/> CCP 415.95 (business organization, form unknown)	

7. Person who served papers

a. Name: R. CARTER

b. Address: 5632 Van Nuys Blvd., # 240 Van Nuys CA 91401

c. Telephone number: (213) 928-7247

d. The fee for service was: \$ 60.95 (recoverable under CCP1033.5(a)(4)(B))

e. I am:

(1) ☐ not a registered California process server.

(2) ☐ exempt from registration under Business and Professions Code Section 22350(b).

(3) ☒ registered California process server:

(i) ☐ Owner ☐ Employee ☒ Independent contractor.

(ii) Registration No.: 241

(iii) County: Santa Barbara

8. ☒ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

or

9. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: 03/13/15

R. CARTER

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)

(SIGNATURE)